



4. *Personal Qualities: Manners, Leadership, Sense of Humor, Relationships with Peers and Adults*

5. *Character: Integrity, Responsibility, Respect for Others, Dependability*

6. *Please Comment on Any Strengths or Weaknesses not Addressed Above.*

7. *What are the First Words that Come to Mind in Order to Describe this Student?*

**Summarize your Rating:**

As A Student - Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

As A Person - Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Has the Applicant been evaluated for any physical, emotional, or academic reasons?

\*Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Is the Applicant currently on medication or previously been on medication?

\*Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

\*\* - *If "YES" to the above questions, please explain. Attach an additional sheet if necessary.*

**Return this Form to:**

Hilary Scott  
Director of Admissions  
Chesapeake Academy  
107 Steamboat Road, P.O. Box 8  
Irvington, VA 22480